

Update Vendor Contacts

Vendor ID:

Form Date:

INSTRUCTIONS

Use this form to update or add contacts to a FEDLINK vendor records. If you have questions, or need assistance completing this form, email fliccfft@loc.gov or call (202) 707-4900. (Change additional addresses on page 2.)

- **Contact for Contract Administrator** (Responsible for overall compliance with the terms and conditions of the contract and the authorized negotiator for all contract activity; receives renewal notices and all correspondence regarding contract requirements.)
- **Contact for Delivery Orders** (Responsible for receiving and tracking all customer delivery orders and delivery order modifications.)
- **Contact for Invoicing** (Receives payment advices, disbursement notifications and correspondence related to accounting and financial management issues.)
- **Customer Service Contact** (Primary contact for FEDLINK customers.)

Choose One Option:

Change/Update Contact for Contracting Administrator

Change/Update Contact for Delivery Orders

Change/Update Contact for Invoicing

Change/Update Customer Service Contact

FIRST NAME:

LAST NAME:

TITLE:

COMPANY:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

SIGNATURE/SUBMIT

By signing and submitting this form to FEDLINK, you are updating the FEDLINK record for your company. **When completed and signed, email this form to fliccfft@loc.gov.**

Electronic Signature
(FEDLINK will also accept
accept forms scanned with
original signature.)

Update Vendor Contacts Additional Contact Changes

Choose One Option:

Change/Update Contact for Contracting Administrator

Change/Update Contact for Delivery Orders

Change/Update Contact for Invoicing

Change/Update Customer Service Contact

FIRST NAME:

LAST NAME:

TITLE:

COMPANY:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

Choose One Option:

Change/Update Contact for Contracting Administrator

Change/Update Contact for Delivery Orders

Change/Update Contact for Invoicing

Change/Update Customer Service Contact

FIRST NAME:

LAST NAME:

TITLE:

COMPANY:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL: